PART B - FEE(S) TRANSMITTAL

Implete and the form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE FEB 1 1 2008 M

Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

\0				•	1)-273-2885				
N SUCTIONS: The form should appropriate All Conference or corresponde ndicated unless corrected below or maintenance fee notifications.	d be used for tran nce including the directed otherwise	smitting the ISSU Patent, advance or in Block 1, by (a	JE FEE and PUBLIC ders and notification) specifying a new o	CATIO of m corresp	ON FEE (if requiaintenance fees woondence address;	red). B ill be n and/or	locks 1 through 5 sh nailed to the current ((b) indicating a separ	ould be completed where correspondence address as rate "FEE ADDRESS" for	
CURRENT CORRESPONDENCE ADDRES		Feels	Transmittal Thi	s certifi	cate cannot be used for	domestic mailings of the or any other accompanying at or formal drawing, must			
PEARNE & GORDON 1801 EAST 9TH STREET SUITE 1200		I here State: addre transi	Cert eby certify that thi s Postal Service w essed to the Mail mitted to the USP	tificate is Fee(s rith suff Stop I TO (571	of Mailing or Transn) Transmittal is being icient postage for first SSUE FEE address) 273-2885, on the da	nission deposited with the United t class mail in an envelope above, or being facsimile tte indicated below.			
CLEVELAND, OH 44114		[5	Susan K. Na	aught	ton	(Depositor's name)			
2/12/2008 HDESTA2 00000008			Susan T	K. 1	Vaught	(Signature)			
1 FC:2501 720.00 OP 2 FC:1504 300.00 OP					2-7-08 D			(Date)	
APPLICATION NO. FI	LING DATE		FIRST NAMED INVEN	ITOR		ATTOR	RNEY DOCKET NO.	CONFIRMATION NO.	
	03/04/2005 ETAL CHELATE	S IN HUMAN OR	Enrico Cinti ANIMAL FEEDING	ì			BUG5-37891	7870	
APPLN. TYPE SMALL I	ENTITY IS	SUE FEE DUE	PUBLICATION FEE I	OUE	PREV. PAID ISSUE	E FEE	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional YE	ES	\$720	\$300		\$0		\$1020	02/11/2008	
EXAMINER		ART UNIT	CLASS-SUBCLAS	s					
TRAN, SUSAN T	424-001530								
Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).			2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys Pearne & Gordon LLP						
Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.						
			**	• •	•				
PLEASE NOTE: Unless an assig	nee is identified b	elow, no assignee of this form is NO	data will appear on to a substitute for filing	the pa	tent. If an assigners	ee is id	entified below, the do	ocument has been filed for	
(A) NAME OF ASSIGNEE	(B) RESIDENCE: (CITY and STATE OR COUNTRY)								
AGRISTUDIO S.R.	L.	FIRST NAMED INVENTOR Enrico Cinti LATES IN HUMAN OR ANIMAL FEEDING ISSUE FEE DUE \$720 \$300 ART UNIT CLASS-SUBCLASS 1615 424-001530 2. For printing on the patent ff (1) the names of up to 3 region or agents OR, alternatively, (2) the name of a single firm registered attorney or agent) 2 registered patent attorneys of listed, no name will be printed. TO BE PRINTED ON THE PATENT (print or type) fied below, no assignee data will appear on the patent. letion of this form is NOT a substitute for filing an assigning) (B) RESIDENCE: (CITY and S Reggio Emilia, categories (will not be printed on the patent): 4b. Payment of Fcc(s): (Please firs \(\text{ \t		la, Italy					
Please check the appropriate assigned	category or catego	ries (will not be pr	rinted on the patent):		Individual XX Co	orporatio	on or other private gro	oup entity Government	
Aa. The following fee(s) are submitted X Issue Fee X Publication Fee (No small enti Advance Order - # of Copies _	b. Payment of Fec(s): (Please first reapply any previously paid issue fee shown above) A check is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 16-0820 (enclose an extra copy of this form).								
5. Change in Entity Status (from sta	tus indicated above	<u></u>	Overpayment, to	Борос			(,	
a. Applicant claims SMALL E		,	b. Applicant is n	o long	er claiming SMAI	LL ENT	TITY status. See 37 CF	FR 1.27(g)(2).	
NOTE: The Issue Fee and Publication nterest as shown by the records of the	n Fee (if required) e United States Pat	will not be accepte ent and Trademark	d from anyone other to Office.	han th	ne applicant; a regi	stered a	ittorney or agent; or th	e assignee or other party in	
Authorized Signature	· · · · · ·		Date 2-6	608	3				
Typed or printed name John P. Murtaugh			Registration No. 34226						
This collection of information is requal an application. Confidentiality is governmenting the completed application	ired by 37 CFR 1.3 emed by 35 U.S.C form to the USP1	11. The information 122 and 37 CFR O. Time will vary	on is required to obtain 1.14. This collection depending upon the	n or re is esti indivi	etain a benefit by t mated to take 12 r idual case. Any co	he publ minutes mment	ic which is to file (and to complete, includin s on the amount of tin	by the USPTO to process, g gathering, preparing, and ne you require to complete	

this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.